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AUTHOR Stollak, Gary E.
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ABSTRACT

Various procedures for training parents to be play therapists for their own young children are described. In their play encounters with the child parents learn ways of being with the child that show empathy and caring as well as the way their playroom actions toward the child reflect their own conflicts as persons and spouses. This describes a case study on training a single set of parents to engage in weekly scheduled one-half hour play encounters, in a clinic playroom, with their child. During the play encounter, the parent is instructed to stay within two to three feet of the child and maintain as much eye-to-eye contact as possible, with verbalizations consistent with play therapy procedures. Results of the procedure indicate that parents can learn to: (1) alter their behavior toward their own children; (2) be more acknowledging of the validity of their children's (and each other's) feelings, thoughts, needs and wishes; and (3) negotiate and compromise in their conflicts with their children and each other. (Author/BMW)

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Variations and Extensions of Filial Therapy*

Gary E. Stollak, Ph.D**

* Revision of a paper presented at the 1979 meeting of the American Psychological Association, New York, New York

**Professor of Psychology, Michigan State University

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Within the last fifteen years a great many mental health professionals concerned with altering a young child's behavior have begun to focus on helping parents to learn to change directly their own children's behavior. The most prevalent form of this today is the training of parents to be modifiers of their own children's behavior through the use of various reinforcements (3). Most such clinicians attempt to help the parent to change his/her behavior directly with the child in the home. Wimberger and Kogan (12), on the other hand, used a clinic playroom encounter as the setting to help mothers increase their reinforcement, modeling and teaching skills.

In the early 1960's Guerney (4, 5) and his colleagues developed a procedure, which they called filial therapy, which also used a play encounter between parent and child as the focus of treatment. In a series of papers they have described this technique which involves training groups of parents to be client-centered play therapists for their children under ten years of age. After an initial training period in a clinic, the play sessions are conducted in the home and groups of parents meet each week to discuss their own and each others play sessions and to receive supervision from the clinician.

While Guerney and his colleagues focused on parents (especially the mother) having weekly scheduled play encounters with their child in the home, my focus is on training a single set of parents to engage in these play encounters in our clinic playroom with parents alternating weekly one-half hour sessions with the child.

If, after a comprehensive assessment of a clinic-referred child between the ages of 3 to 10, it is decided that this approach might produce benefits to the child and his/her family the procedure is explained to the whole family including the mother, the father, and he child involved. This discussion includes the point that we are "teachers" who will attempt to help families learn how to be together in more enjoyable ways and we would like to help this family learn to be happier together. This kind of introduction usually makes great sense to young children. We then further explain that our goal over the next weeks and months is to help the parents learn to share time with the child in a way that we believe will be more enjoyable and more personally satisfying to everyone involved.

We state that we will videotape each of the play sessions and we will meet separately with the parents after each of the play encounters to provide them with supervision. The child is told that s/he will be playing with someone else during the times we are with the parents. To foster such learning we have especially found useful the "Bug in the Ear" (Farrell Instruments, Grand Island, Nebraska). This device consists of a hearing aide placed in the ear of the parent while s/he is in the playroom and a microphone through which the clinician can communicate directly to the parent from behind a one-way mirror. It greatly facilitates the learning by allowing the clinician to make helpful comments to the parent to make to the child during the play encounter and to make soothing, reassuring, and reflective comments to the parent who might be having some difficulty during the play encounter.

A Case Example

Let me provide a generalized case example; a kind of child and family pattern we have found to be quite typical in our practice. The boy, typically 8 - 10 years of age, is having difficulty in school, with his peers, with his

school teacher, and in regard to school work. These problems usually revolve around obedience, aggression and hostility, disruption, loudness, short attention span, poor concentration ability and learning difficulties.

The parents, themselves, might not be the initial source of complaint but during home visits and interviews, they also present concerns about the child's disobedience, disruption, and hostile behavior in the home. After discussing how we would like to help each parent to learn how to be with their child through play in a special room at a specified time of the day and week we distribute to them Instructions for Special Play Sessions (9). We ask the parents to read the instructions and that at the beginning of our next meeting we will discuss their questions including their concerns about acting in such a manner for the period of time required. Briefly, the parent is instructed at the very beginning of the play encounter to say to the child "We will be here until (for example) 7:00. It is now 6:30. Between now and 7:00 you can think, feel and say anything you want. During this time you can do almost anything you want. I will remind you when we have five minutes left,then two minutes left, then one minute, then fifteen seconds left. When the time is up we will have to stop and leave. During our time together it is up to you to decide what to do while we are here." This initial instruction is presented at the beginning of each and every play encounter.

During the play encounter the parent is instructed to stay within 2-3 feet of the child, at eye level with the child, and as much as possible, maintain eye to eye contact with the child. His/her verbalizations are to be consistent with the play therapy procedures described by Axline (1) and Moustakas (6) (and each parent is urged to read these books) along with our additional wish for them to be more active participants in fantasy play (11).

Play Encounters With Fathers

The typically disruptive, aggressive, and hostile child often spends the early sessions with the father engaged in competitive games and activities including hitting the punching or inflatable bags, shooting darts, playing quoits, throwing the ball back and forth (usually harder and harder). Sometimes within the first five or six sessions but typically by the 15th a change takes place in the child's behavior toward the father. There seems to be more and more physical touching and contact (e.g. wrestling) as the sessions have gone by. Suddenly the child might ask, "Dad, can I really do almost anything I want here?" The parent says, "Yes". The child will then say, "Daddy can I sit on your lap?" This is often a very difficult request for the father. He has not been affectionate with his son and he might even see such appeals for physical contact as either babyish, or even worse, feminine. More about this later.

Through the earphone we might at that point in time say to the father, "Mr. Smith; relax now. I know that having your son sit on your lap is not appealing to you and even might make you angry at him for making such a request but please say the following words to him: "Billy, during our time here you may sit on my lap. I know that often at home that I don't let you sit on my lap but in here, while we are here, you may sit on my lap if you wish to." We then ask Mr. Smith to reach to pull up a chair if he is not sitting and reach his arms out and say "Billy, in here you can sit on my lap". At this point the son usually rushes into his father's arms and nestles onto his lap, his head on his father's chest. This is a warm and very touching moment for all of us including the mother and clinician behind the one-way mirror. If the father hasn't spontaneously done so we ask him to put his arms around

his son and say such things as: "It's been a long, long time since I've let you sit on my lap. Often you have wanted to sit on my lap and either I've said I was too busy or I didn't want you to just then. It feels good sitting on my lap now. You've missed sitting on my lap. When we are together in here you can sit on my lap". Father and son might be in that position for five or ten minutes and during this time we would ask the father to periodically say to the son; "It feels good to sit on my lap". Especially between sons and their fathers, the issues of affection, nurturance and warmth, becomes a focus of the play encounter with the child eventually becoming more and more involved in what Gould (2) has called "provider-protector" roles in fantasy play.

Play Encounters With Mothers

For the mother, the focus of the play encounters are not so much around nurturance and affection as much as around limit setting. We have found that many mothers are unable to set limits on their son's behavior during the play encounters e.g. in the amount of finger or other paints used, or where to place them, where to throw a ball, and especially the ending of the play encounter. Whereas the son typically leaves quickly with the father when the father says, "Time is up now"; when the mother says "Time is up now", the son might say things like "Let's play another five minutes" or "Let's play until the next person comes in", or "I don't want to leave now, I want to finish this painting" or game or whatever and the mother might have a great difficulty getting the child out of the playroom. Many a child then runs around the playroom giggling with the mother chasing him--with variable success. To avoid the mother's further embarassment, the clinician, videotaping this debacle, often has to go into the playroom to help the mother. Near the end of the next encounter we would be recommending to the mother that with fifteen seconds to go she put her hand lightly on her child's shoulder and that just before the time is up she grip

his shoulder somewhat more firmly and attempt to direct the child out of the playroom. If the child tries to break away from her hand she should grab him with two hands and, if possible, pick him up. While firmly directing him out or with him in her arms she is asked to say the following: "Billy I know you've had a wonderful time here today. You've enjoyed yourself. You don't want to go but if's time to go now". We are attempting to help the mother to both acknowledge the validity of the child's experiencing including both his enjoyment of the play encounter and the lack of his desire to leave, as well as providing her with the words and actions to firmly and assertively remcve him from the room.

Briefly then, the play encounters with the father, over time, have more and more meaning to the child in terms of learning that his father can be attentive, responsive, and affectionate--as well as a non-critical playmate--and he finds that his mother can be firm, assertive and authoritative.

Effects on Parents as Persons and Marital Partners

We have also found that these new ways of being with the child in the playroom arouses complex feelings and thoughts in each of the parents. We have found that we need to discuss these experiences with the parents afterwards. After the play encounter which, again, lasts only for a half hour, we have an undergraduate or a graduate student continue the play encounter with the child and the clinician and parents go to another room. The thoughts, images and feelings aroused in the parents during the play encounter which are often related to their own past or present experiencing with their own parent or parents become a topic for discussion. Similarly, the way each parent acts in the playroom often has meaning for the way each feels and acts in the marriage. For example, the father who cannot easily be affectionate with his son typically has had a father who was not affectionate with him. Allowing his son to sit on his lap arouses memories and feelings about the father's own

attempted affectionate contact with his own father and this is discussed--often with tears. Similarly, the father who is often not physically affectionate with his child is often a husband who is often not physically affectionate with his wife, and the issue of physical affection between mother and father as husband and wife becomes a topic for discussion. What has gone on in the playroom, thus, has meaning to the parents in terms in their own past and present life and experiencing with their own parent or parents, as well as for the marriage, and we have found it important and necessary to discuss these issues both before and during the providing of supervision and feedback. For example, asking the father , "How did you feel when your son sat on your lap?" or "What kinds of memories or thoughs did you have when your son sat on your lap?" might elicit discussion not only about his own experiences with his father but also his fears that if he permits this behavior his son will grow up to be a "sissy". Being a "man" is important to him and he wants his child to be a "man". What a "man" is to him typically becomes a topic for discussion. On the other hand, we have found many of the mothers having difficulty setting limits because they fear the loss of what they perceive as their son's love. For example, we have often found such boys to be overweight which we believe is consistent with their (and their husband's) inability to set firm limits. Possibly, because just like the son, she is not receiving a great deal of affection or warmth from the father, a mother turns to the son for such attention to give meaning to her life. She is unable to set limits on his behavior because she fears the loss of what she imagines is his love for her. Somehow if she lets him do whatever he wants, then he will continue to love her. His disobedience and hostility is very, very confusing to her and she feels very, very helpless and lonely in the face of it. It is a powerfully positive experience for her to set limits and find

out not only that his love for her does not diminish, but that he also obeys and respect her more. Interestingly, her inability to control their child and her passivity, in general, has "driven" the husband from the home to the bar or bowling alley. Furthermore, as the mother becomes more skillful and confident in setting limits, and being assertive with the child, the husband begins to respect his wife more. On the other hand, the father who is often very strict and authoritarian and physically punishing of the son (and often recommending to the school personnel to hit their child just like he does) learns that his son does not become more of a sissy (in fact, the boy's interest and skills in sports might increase). Further, the father who finds out that expressing affection with his son does not threaten his or his son's manhood begins to be more affectionate with his wife and more open to confrontation, negotiation and compromise in his marriage.

In summary, in their play encounters with the child not only are the parents learning ways of being with the child that are indicative of sensitivity, empathy and caring, but we are also helping them confront the fact that the ways they act toward the child in the playroom (and in the home) are reflective of their own conflicts as persons and as spouses.

I would like to emphasize that I believe the play encounters, in and of themselves, rarely are sufficient to bring about long term effects in the family life. I believe we need to discuss the parents' past and present experiencing and life together as part of this <u>family</u> therapy. Incidentally, the student who is playing with the child while the clinician is with the parents will often provide new and different information concerning the child's behavior with a third party. It is not atypical for us to find the child acting differently with the father, the mother and the student.

Extensions of the Filial Therapy Technique

Extensions of this procedure have included having the child sit with the clinician, the mother and the father and they all watch the videotape; the mother, father and the child all discussing their thought and feelings about what went on during the play encounter. Another variation has included the child, mother and father in the playroom together. This conjoint play therapy (7) includes the therapist within the playroom with the family members reflecting upon and sometimes even modeling behavior that might be instructive to one or more parents during the play encounter. An assistant videotapes the sessions and immediately after the sessions all family members view the videotape and discuss their feelings and thought during their time together. The clinician comments upon family members experiences and actions during the play session.

We have also provided training to others to engage in such play encounters with young children (8,10). These others have included high school students and college undergraduates and existing and prospective parents as part of a child caregiving education program, prospective and existing nursery and elementary school teachers who would like to improve their communication skills in one-to-one encounters with young children, and foster parents when they are having problems with a child in their care. We have also found that these extended play encounters are useful to children with each of their separating or divorced parents.

Conclusion

Our experience, and the experience of others, indicates that parents can learn to alter their behavior toward their own children, not only in narrow and circumscribed ways such as the distribution of positive or negative

reinforcements. They can learn to be more acknowledging of the validity of their children's (and each others') feelings, thoughts, needs and wishes. They can learn to negotiate and compromise in their conflicts with their children and each other. The playroom encounter is a useful setting and a provocative stimulus for such learning to take place.

Reprint requests should be addressed to Gary E. Stollak, Ph.D., Department of Psychology, Michigan State University, East Lansing, Michigan 48824

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